

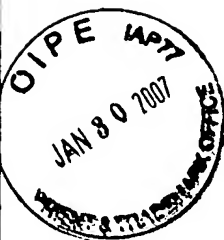
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PTO/SB/21 (09-06)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/626,459
	Filing Date	JULY 22, 2003
	First Named Inventor	SHUICHI MIZUNO
	Art Unit	1651
	Examiner Name	NAFF, DAVID M.
Total Number of Pages in This Submission	Attorney Docket Number	3831.03

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	AMENDMENT TRANSMITTAL; CHECK IN THE AMOUNT OF \$455.00 (4 NEW CLAIMS; 3 TERMINAL DISCLAIMERS; EXTENSION OF TIME); AND POSTCARD.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PETERS VERNY, LLP		
Signature			
Printed name	HANA VERNY		
Date	JANUARY 25, 2007	Reg. No.	30,518

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	MELINDA TOMPKINS	Date	JANUARY 25, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): SHUICHI MIZUNO, ET AL.

Docket No.

3831.03

Application No.

10/626,459

Filing Date

07/22/2003

Examiner

NAFF, DAVID M.

Customer No.

23308

Group Art Unit

1651

Confirmation No.

2554

Invention: **METHOD FOR GROWTH AND *DE NOVO* FORMATION OF A SUPERFICIAL CARTILAGE LAYER *IN SITU* AND FOR REPAIR OF DAMAGED CARTILAGE USING NE-CARTILAGE CONSTRUCTS****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

☐ Applicant claims small entity status. See 37 CFR 1.27


The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29 -	25 =	4	x \$25.00	\$100.00
INDEP. CLAIMS	3 -	2 =	1	x \$100.00	\$100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200.00

- ☐ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☒ A check in the amount of \$200.00 to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-1331
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

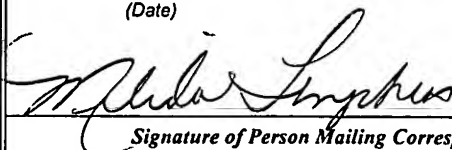

Signature

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Dated: JANUARY 25, 2007

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MELINDA TOMPKINS

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